

Mobility and Seating Assessments and Wheelchair Procurement

Disability-Competent Care Webinar Roundtable Series

Wheelchair procurement is unique to each individual with a disability, or “participant,” varying by medical necessity, functional need, and funding. Nevertheless, there are three general steps to procure a wheelchair.

1. **Determination and identification of need/equipment recommendation** typically entails three steps:
 - **Identifying mobility or seating concerns** begins with a discussion with the participant and his or her supports to identify concerns (e.g., discomfort and pain, difficulty getting around, increased risk of falls or skin issues) and desires. These needs are documented and communicated to an assessor.
 - **Assessing mobility and seating needs** reflects the participant’s priorities and preferences, physical and functional needs, knowledge of product features that will meet those needs, physical and social environments, and related issues. Assessors are often rehabilitation specialists such as occupational or physical therapists, or certified rehabilitation technology suppliers, who conduct the functional mobility assessment at a specialized mobility clinic.
 - **Specifying equipment needs** involves the participant and assessor jointly developing a list of seating and mobility goals and a list of functional requirements. The equipment vendor then reviews these goals and requirements and discusses options with the participant. The recommendation and selection process is an educational experience to assist the participant in making informed decisions. It generally includes a discussion of the range of products available to meet the participant/caregivers’ specific needs and goals. The assessor summarizes the evaluation and recommends specific equipment and modifications.
2. **Authorization of funding** for wheelchairs is dependent on the participant’s insurance coverage. Wheelchairs are covered by Medicare Part B or Medicaid. Medicare generally considers in-home mobility. Medicaid considers in-home and community mobility. Therefore, coverage under Medicaid may include more durable and more expensive equipment. If a participant is in a Medicare-Medicaid demonstration, the health plan is responsible for providing the medically necessary equipment without regard to the Medicare criteria.
3. Once funding has been approved, the wheelchair is **ordered and delivered**. The assessor is typically in charge of checking the equipment and scheduling a fitting and delivery appointment with the participant.

For further guidance on mobility equipment, see “Using and Maintaining Mobility Equipment”

Additional Resources

Please visit the *Resources for Integrated Care* website (www.resourcesforintegratedcare.com) for the “Training in Disability-Competent Care and Supports” webinar series, which served as the basis for this

brief and for other Disability-Competent Care-related resources including an interactive self-assessment tool.